# The Royal New Zealand College of General Practitioners Research and Education Charitable Trust Grant Application Form

## Personal Details

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| **Personal Information** |
| Surname |  |
| First |  |
| Title  |  |
| MCNZ (if applicable)  |  |

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| **Contact details**  |
| Mailing address |  |
| Phone (work) |  |
| Mobile |  |
| Email |  |

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| **Biographical details**  |
| Degree (Year, Institution, Academic field) |  |
| General Practice experience |  |

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| **Previous RECT applications** |
| Have you received a grant from RECT in the last five years? |  |

## Research Project

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| **Details of research project**  |
| Title |  |
| Institution supervising research (if applicable) |  |
| Ethics number (if applicable)  |  |
| Is any other organisation contributing to your research? |  |
| Amount requested  |  |

*Please attach an outline of the research project including:*

*1. Background*

*2. Objectives*

*3. Methodology*

*4. Relevance and importance of the project to New Zealand General Practice*

*5. Budget of project (itemise cost – salary, stationary, equipment, travel etc)*

*6. Dissemination of research results*

*7. Timetable*

*8. Ethics approval*

*9. How will your research achieve equitable outcomes in New Zealand.*

## Reporting back to the College (All applicants complete this section)

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| **Disseminating research**  |
| Please explain how you will share your research with College members (publication in a journal, presentation at College conference, report on College’s website, report) |  |
| Expected date RECT can share research on website  |  |

## Name of two people supporting your application (All applicants complete this section)

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|  |
| Name |  |
| Position |  |
| Phone |  |
| Email |  |
| Date |  |

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|  |
| Name |  |
| Position |  |
| Phone |  |
| Email |  |
| Date |  |

Please note the Trust may contact either of your support people for further information about your research.